



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E394384**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00169
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	01 - 18 - 2015	TIME (2400)	1708	COUNTY #	31	MILES		N	E	IN	OF	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

2ND ST SE BLOCK NO. ☒ 9700

DISTANCE MILES N E OF (REFERENCE OR CROSS STREET) 97TH AVE SE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4252802803

LAST NAME GIESE FIRST NAME TYLER MIDDLE INITIAL J

STREET NEW ADDRESS 120 97TH AVE SE APT C

CITY LAKE STEVENS ST WA ZIP 982583979

CDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # GIESETJ075DQ STATE WA SEX M D.O.B. MMDDYYYY 03 - 18 - 1993

ON DUTY ☐ STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 777MLN STATE WA VIN# 3VWSA29M1YM195944

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE VOLK MODEL JET4D STYLE 4D VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. TYLER GIESE 120 97TH AVE SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # PEMCO CA1528877

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4259415589

LAST NAME VOGES FIRST NAME PETER MIDDLE INITIAL I

STREET NEW ADDRESS 403 101ST AVE SE, #F30

CITY LAKE STEVENS ST WA ZIP 982583919

CDL RESTRICTIONS J ENDORSEMENTS

DRIVER'S LICENSE # VOGESPI18802 STATE WA SEX M D.O.B. MMDDYYYY 09 - 22 - 1982

ON DUTY ☐ STATUS AIRBAG 9 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # AHC4446 STATE WA VIN# JT2BG12K6T0390513

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1996 MAKE TOYT MODEL CAM4D STYLE 4D VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. PETER VOGES 403 101ST AVE SE, #F30 LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # FARMERS 189490843

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) N. ADAMS #127 BADGE OR ID # 127 AGENCY WA0311900

DART A



1591972

CORRECTION

REPORT NO.

E394384

CASE #

15-00169

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		VOGES JOHNATHAN P																	
ADDRESS & PHONE #		403 101ST AVE SE, #F30 LAKE STEVENS WA 98258										SEX	M	D.O.B. MMDDYYYY	02	-	25	-	2004
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	9	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	0	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		VOGES SOPHIA G																	
ADDRESS & PHONE #		403 101ST AVE SE, #F30 LAKE STEVENS WA 98258										SEX	F	D.O.B. MMDDYYYY	06	-	30	-	2006
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	9	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	0	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		CHANDLER MOLLY M																	
ADDRESS & PHONE #		403 101ST AVE SE, #F30 LAKE STEVENS WA 98258										SEX	F	D.O.B. MMDDYYYY	01	-	17	-	2011
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	8	AIRBAG	9	RESTR.	8	EJECT	1	HELMET USE	2	INJURY CLASS	0	NATURE OF INJURIES	

NARRATIVE

On 01/18/15 at about 1708 hours, (all times approximate) I assisted Officer Warbis on collision at 97th Ave SE and 2nd St SE in the city of Lake Stevens.

Vehicle 2 (LIC: AHC4446) was traveling westbound on 2nd St SE through the intersection 2nd St SE and 97th Ave SE when Vehicle 1 (LIC: 777MLN), heading northbound on 97th Ave SE, failed to yield at the intersection and collided into the side of Vehicle 2. It should be noted there were no traffic signs, signals or any other traffic control devices for any direction of this intersection.

One child was thought to have banged his head against a window while another child was reported to have split her lower lip although the parents declined aid. No party involved wanted aid. I advised the parents they could still be seen and have their children seen by a doctor at a later time even though they declined aid at the scene of the collision.

Geise (driver of Vehicle 2) stated he didn't really know what happened and said he wasn't sure "how fast the other car was going down the hill," and gestered with his hand as if it were moving eastbound when their vehicles collided. I informed Geise Vehicle 2 was traveling westbound, he said that made more sense.

I took digital photographs of the damaged vehicles, which were later printed and added to the case report and copied to a compact disk and booked into evidence as item #NA1.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

01-21-15 09:44 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

1/22/2015 9:17:39 PM

BADGE OR ID #	127	ORI #	WA0311900	TIME POLICE DISPATCHED	5:08 PM	TIME POLICE ARRIVED	5:16 PM
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CASE #

15-00169

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

CHANDLER ALORA M

ADDRESS & PHONE #

403 101ST AVE SE, #F30 LAKE STEVENS WA 98258 4259712624

SEX

F

D.O.B.

MMDDYYYY

01

01

1990

PASSENGER ☒

WITNESS ☐

UNIT #

2

SEAT
POS.

3

AIRBAG

9

RESTR.

4

EJECT

1

HELMET
USE

2

INJURY
CLASS

0

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

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RESTR.

EJECT

HELMET
USE

INJURY
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UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

1/22/2015 9:17:39 PM

BADGE OR ID #

127

ORI #

WA0311900

TIME POLICE DISPATCHED

5:08 PM

TIME POLICE ARRIVED

5:16 PM



LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>Adams #127</i>			Case Number <i>15-00169</i>		
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)			Type of Case: <i>Collision</i>			Date/Time:		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification					

Case # 15-00169

Item # <i>141</i> Action # <i>3</i>	Item <i>CD with pics</i>	Brand Name <i>Camcassary</i>			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name <i>LSPD</i>					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>											

Item # Action #	Item	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

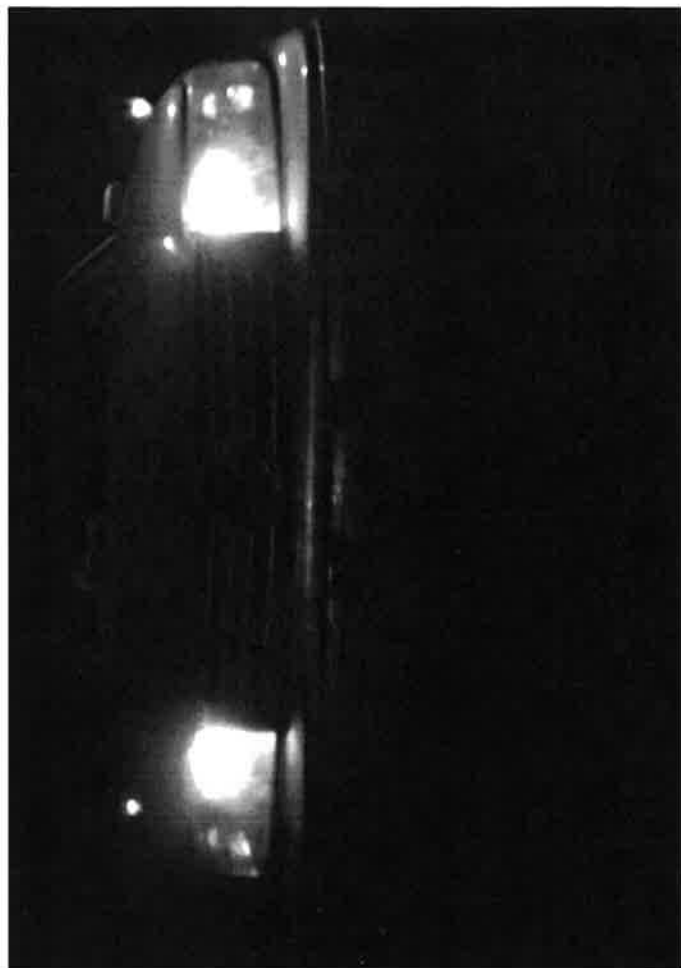
Item # Action #	Item	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
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Item # Action #	Item	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
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Item # Action #	Item	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Evidence Control Use Only:											
Received by Evidence:		NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING: _____					
Name: _____ # _____		NCIC/WACIC +		Date:	Owner Letter Sent:	White: Property Room					
Date: _____ Time: _____		NCIC/WACIC -		Date:	Owner Letter Sent:	Yellow: Case File					

LSPD
ORIGINAL

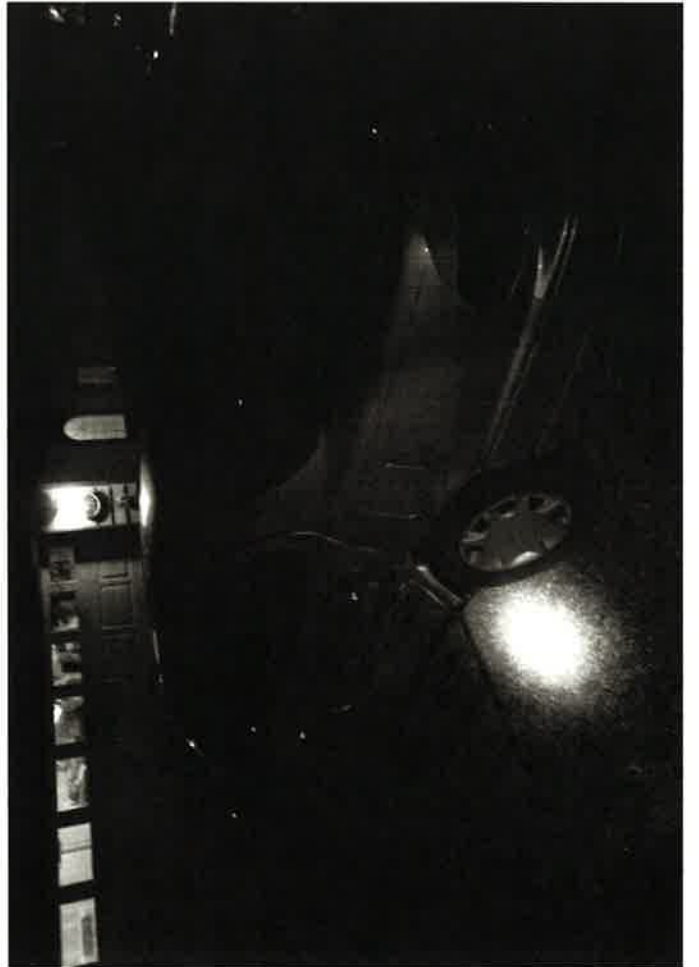


LSPD
ORIGINAL





LSPD
ORIGINAL



/1708	(SP0390)	ENTRY		, CC, NOW, GOLD TOYT CAMRY VS SIL VW JETTA
/1708	(SP0333)	DISPER	19D1	#SS112 WARBIS, OFFICER (STEVE)
/1709	(SP0390)	SUPP		NAM: VOGES, PETER,
				PHO: 4259415589,
				TXT: BLKING, NON INJ, T BONE ACCIDENT
/1716	(SS127)	*ASST	19D2	[2 ST SE/97 AV SE ,LKS]
				#SS127 ADAMS, OFFICER (NATHAN)
/1716	(SP0333)	ONSCNE	19D2	
/1718	(SS112)	*ONSCNE	19D1	
/1722		*CLEAR	19D1	D/D
/1726	(SS127)	*ASNCAS	19D2	\$SS15000169
/1739		REMINQ	19D2	MDTWANT, GIESE, TYLER, J, 031893, , , WA, , , , , , , , , , ,
/1740		REMINQ	19D2	MDTWANT, VOGES, PETER, I, 092282, , , WA, , , , , , , , , , ,
/1740		*MISC	19D2	, GIESE HAD EXPIRED REGISTRATION
/1800		*CLEAR	19D2	D/H
/1800		CLOSE	19D2	

LSPD
ORIGINAL